

RATES, INSURANCE and CONFIDENTIALITY

Rates

THE STANDARD FEE for an Individual psychotherapy session is \$125.00 per fifty-minute session, \$150 for 80 minute session. Child or adolescent rate is \$95 for a 45 minute session.

Initial assessment and intake session is \$150.00 Group therapy sessions have rates that vary with the type of group.

Phone Sessions will be billed at your normal psychotherapy rate.

Mediation and court appearances will be billed at the rate of \$200.00 per hour, regardless of your established fee for psychotherapy. Letters will be billed at your psychotherapy fee for hour(s) spent in preparation. Court reports, psychological evaluation reports, and legal reports will be billed at the rate of \$110.00 per hour spent in preparation, regardless of your established fee for psychotherapy, with a minimum charge of at least \$250.00. Also, there are additional charges for copying of records.

EMERGENCY OR URGENT NEEDS – I do provide phone counseling for emergency or urgent needs that may occur during your time of being a client here. Please note Emergency or Urgent Calls will be billed at your regular hourly rate. Depending on your insurance plan, these fees may not be paid by your insurance provider and will therefore be billed in total to the responsible party.

FEE PAYMENTS and co-pays are presented ahead of the session, unless prior arrangements are made. For your convenience I accept cash, checks, and all major credit cards.

REGARDING INSURANCE: Be aware of your deductible and co-pay per your insurance benefits. I recommend you make a call to your insurance to verify the coverage for mental health. I am a Preferred Provider for many insurances. However, you are responsible to insure the details of your coverage. For those individuals with HMO's, the co-payment will be made before the start of each session.

YOUR APPOINTMENT TIME reserves a counseling time for you. Missed sessions will be billed at \$50 broken appointment fee unless the appointment has been canceled 24 hours in advance of the scheduled time. A missed session will not be rescheduled automatically. You must call to reinstate appointments, or mention during canceling that you wish another appointment.

SOCIAL MEDIA POLICY for our therapists and clients – As professional therapist, I do not accept friend or contact requests from current or former clients on any social networking site. I believe adding clients could compromise your confidentiality and our respective privacy. Please do not contact me through a Social Networking site (Twitter, Facebook, LinkedIn, etc.) These sites are not secure and we may not read them in a timely manner for your needs. The best way to reach me is by phone unless otherwise we have a mutual agreement of another way.

You are welcome to follow my Facebook Page. However, communication cannot be made through that forum and I cannot insure your privacy if you comment.

EMAIL POLICY for myself and clients – I prefer using email only to arrange or modify appointments. Please do not email regarding content related to your therapy sessions, as email is not completely secure or confidential. If you choose to communicate content, please be aware all emails are retained in

the logs of your and my internet service providers. These logs are, in theory, available to be read by the system administrator of the internet service provider. Also, these emails received and responded to will become part of your legal record.

MY PURPOSE is to provide excellence of service to each of my clients. Still, the success of therapy does not just depend on the skill of the therapist. Many other factors, such as the client's openness to working with difficult material, help to determine the outcome of therapy. If you have any questions regarding your progress in therapy at any point during therapy, please communicate this with me. I am open to growing and learning as we journey together.

CONFIDENTIALITY is a basic policy. Information and records regarding clients are kept confidential unless a signed, written consent form is obtained to release records. The court and legislature have determined that confidentiality cannot override the obligation of a therapist to report child abuse, elder abuse, or threats to harm oneself or others.

I UNDERSTAND AND AGREE TO THE ABOVE. MY FEE IS _____. IT IS MY RESPONSIBILITY TO NOTIFY PATRICE MIGLIORI-FARNES, LCSW AT LEAST 48 HOURS PRIOR TO MISSING A SCHEDULED APPOINTMENT. I AGREE TO PAY THE \$50 FEE FOR EACH MISSED SESSION I CANCEL WITHOUT GIVING PROPER NOTICE.
